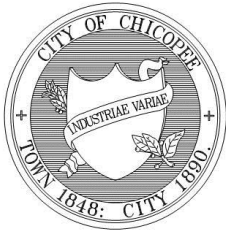


Date Received: _____

Amount Paid/Check# _____

Permit# _____

ABOVE FOR OFFICE USE ONLY



**CITY OF CHICOPEE BOARD OF HEALTH
APPLICATION FOR A BODY ART PRACTITIONER PERMIT**

2015

Chicopee Health Department
15 Court St
Chicopee, MA 01020
(413) 594-1660

Name of Practitioner _____ Date of Birth _____

Residential Address _____ Phone# _____

Mailing Address (If Different) _____

Current or Intended Place(s) of employment as a Body Art Practitioner *within* the City of Chicopee:

Establishment Name Address Phone #

Current Place(s) of employment as a Body Art Practitioner *outside* the City of Chicopee:

Establishment Name Address Phone #

Body Arts to be practiced:

☐ Tattoo ☐ Piercing ☐ Other (Please Specify) _____

Body Art Practitioner Training: Training Provider/Location Dates of Training

Blood Borne Pathogen Training _____

First Aid and CPR Training _____

Anatomy and Physiology Course _____

Skin Diseases and Conditions Course _____

Body Art Practitioner Experience (All applicants must have a minimum of two years experience in the body art activities to be practiced):

Establishment Name Address Phone # Dates Employed

BODY ART PRACTITIONER APPLICATION FEE: \$200

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH THE APPROPRIATE FORMS AND FEES. INCOMPLETE APPLICATIONS WILL BE RETURNED.

BODY ART PRACTITIONER PERMITS EXPIRE AT THE END OF EACH CALENDAR YEAR. ANYONE WHO HAS NOT SUBMITTED A RENEWAL APPLICATION BY DECEMBER 31ST, WILL BE CONSIDERED OPERATING WITHOUT A PERMIT AND WILL BE ORDERED TO CEASE WORK UNTIL THE APPROPRIATE PAPERWORK AND FEES HAVE BEEN SUBMITTED. ALL LATE SUBMISSIONS WILL BE SUBJECT TO A \$100 LATE FEE.

I hereby certify that the information provided is true. I agree to comply with the regulations set forth in The City of Chicopee Rules and Regulations for Body Art Establishments and Practitioners. I agree to pay all appropriate fees at the time of application submittal.

SOCIAL SECURITY OR FEDERAL ID NUMBER

SIGNATURE OF APPLICANT

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS

Required Documents

The following documents must be submitted with the Body Art Practitioner Application and fee. Applications submitted without these documents will be returned to applicant.

- ☐ Copy of Photo Identification.
- ☐ Copies of all certifications and transcripts pertaining to required trainings.
- ☐ Copies of any current and/or previous Body Art Practitioner License held in other municipalities or states.
- ☐ Proof of a minimum of two years experience in performing body art activities. Will except as proof a combination of evidence, such as; a signed letter from a former employer, tax statements, paystubs and/or previous licenses. A letter of recommendation alone will not be accepted as proof of experience.